

## Extensor Tendon Zone 1 Repair – Mallet Finger

Phase 1	1 to 6 weeks
Appointments	<ul style="list-style-type: none"> <li>• 1x OT appointment for evaluation, splinting, and treatment</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No lifting</li> <li>• Splint on at all times except bathing               <ul style="list-style-type: none"> <li>○ When the brace is off for bathing purposes, the patient should be educated to avoid excessive forces at the digit DIP level. This places tension on the PIN site.</li> </ul> </li> <li>• When completing the exercises patient should complete passive range of motion first if motion is limited, followed by the active range of motion</li> <li>• Care should be taken during this time to minimize edema</li> </ul>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>• During the first visit, a custom DIP extension splint is created for the patient. The splint should place the digit IP in full extension and PIP free for motion.               <ul style="list-style-type: none"> <li>○ The finger length does not allow DIP to be supported in extension with the PIP free; therapist should create a DIP and PIP extension splint, allowing MP free for motion</li> </ul> </li> <li>• Exercises are initiated. These should all be done within the support of the splint.               <ul style="list-style-type: none"> <li>○ Active range of motion should be completed pain-free from for MP and PIP</li> <li>○ If the splint did include the PIP, the splint should be removed for AROM at the PIP level</li> </ul> </li> <li>• Pin site care should be discussed. Light dressing changes usually utilizing x-span or surgilast are sufficient. Running water and soap is appropriate for cleaning, but avoid soaking of submersion.</li> </ul>

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<b>Phase 2</b>	<b>6 weeks</b>
Appointments	<ul style="list-style-type: none"> <li>OT 1-3x week</li> </ul>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>After pin is removed by physician, the patient can wear out of the splint over the next 1-2 weeks</li> <li>Continue with the current exercises</li> <li>Patient should now initiate AROM at the DIP level including both joint blocking, along with 6-pack tendon glides</li> <li>Patient will be able to focus on obtaining pain-free full active DIP motion</li> </ul>

<b>Phase 3</b>	<b>7 weeks</b>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>Initiate PROM to the DIP level</li> <li>Patient will continue to focus on full active and passive range of motion</li> <li>If patient demonstrates an extension lag, return to nighttime extension orthosis</li> <li>Patient will be able to start incorporating their hand into light normal daily activities but avoid heavy or forceful gripping and lifting activities</li> <li>Patient can be educated on light strengthening activities for grip and pinch</li> </ul>

<b>Phase 4</b>	<b>8 to 10 weeks</b>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>Progress upper extremity strengthening</li> <li>Continue stretching/PROM as needed</li> <li>Return to work program if needed can be initiated at this time</li> </ul>